

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
 Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____
 Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

MUST BE COMPLETED BEFORE A STUDENT PARTICIPATES IN ANY PRACTICE (BOTH IN SEASON AND OUT-OF-SEASON), BEFORE, DURING OR AFTER SCHOOL, OR GAMES, SCRIMMAGES OR CONTESTS.

GENERAL INFORMATION

All students may attend baseball, basketball, football, soccer, softball and volleyball camps in June and July, on non-school days prior to the starting date for TAPPS activities at the beginning of the school year.

School Coaches, nor any School Personnel may not:

- induce students for athletic purposes. Inducement includes but is not limited to the following:
 - a. Offer or acceptance of the payment of tuition
 - b. Offer or acceptance of a reduction in tuition payments (outside of School Financial Aid Programs)
 - c. Offer or acceptance of board
 - d. Offer or acceptance of lodging
 - e. Offer or acceptance of transportation
 - f. Offer or acceptance of a job for a parent or guardian
 - g. Offer or acceptance of payment for athletic camp registration
 - h. Offer or acceptance of payment for summer conditioning programs, or conditioning camps
 - i. Offer or acceptance of cash payments
 - j. Offer or promise of University or college scholarships
 - k. Offer or acceptance of free or reduced cost private instruction
 - l. Offer or acceptance of any other valuable consideration
- transport, register, or instruct students in grades 9-12 from their school in baseball, basketball, football, soccer, softball, or volleyball, except during the TAPPS season, or approved athletic period from the starting date for TAPPS activities at the beginning of the school year until the end of the school year.
- give any instruction or schedule any practice for an individual or a team during the off-season except during the one in-school day athletic period in baseball, basketball, football, soccer, or volleyball.
- have 9-12 grade students playing for them on a non-school team from the starting date for TAPPS activities at the beginning of the school year until the last day of school for the member school in the Spring.
- Section 139 of the TAPPS By-Laws takes precedence over any and all of the above.

GENERAL ELIGIBILITY RULES

According to TAPPS standards, students are eligible to represent their school in interscholastic activities if they:

- are less than 19 years old on September 1 preceding the contest;
- have not graduated from high school;
- are full-time, day students in the school,
- a transfer student must be in compliance with section 104 of the TAPPS By-Laws
- in order to be eligible for district play or the play-offs a student must have been in attendance on or before:
 - September 9, 2009 - volleyball, fall soccer, cross country and football;
 - December 9, 2009 - winter soccer, basketball, swimming and wrestling; and
 - February 17, 2010 - golf, tennis, track, baseball and softball.
- are in compliance with the academic eligibility rules of the TAPPS Constitution, By-Laws and Contest Rules;
- are enrolled in a four year, normal program of high school courses, and initially enrolled in the 9th grade not more than 4 years ago nor in the 10th grade not more than 3 years ago;
- if enrolled in an Accelerated Christian Education school, he/she must be proceeding toward graduation on a credit basis, and on a passing basis with a regularly checked procedure by the member school to ensure they are in good academic standing;
- have not represented a college in a contest;
- are not in violation of the Awards Rule;
- live with their parents or legal guardian, or full-time student at a boarding school, or have TAPPS approval of Residency/Guardianship Certification (Student not Living with Parent Section 80 of the TAPPS By-Laws)
- 9th-12th grade students shall not play for a coach from the TAPPS school he/she is attending on a non-school team from August 1st until the last day of school for the member school in the Spring.

I have read the regulations cited above and agree to follow the rules as stated in the TAPPS Constitution and By-Laws.

Date: _____

Student Signature: _____

Texas Association of Private and Parochial Schools

STUDENT ACKNOWLEDGMENT OF RULES

Attention School Authorities: This form must be signed by both the student and parent/guardian and be on file at your school before the student may participate in any District or State contest.

Student's Full Name: _____

Date of Birth: _____ Grade Level for Current Year: _____

Current School: _____
(City/School)

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in TAPPS approved contest, and travel with the director or other representative of the school on any trips.

Neither TAPPS nor the high school assumes any responsibility in case an accident occurs.

I have read and understand TAPPS rules on the reverse side of this form and agree that my son/daughter will abide by all of TAPPS' rules. I understand that I may film or video tape any game in which my son/daughter participates, but the film/video tape may not be viewed by the athlete or coaches until the game is over. I understand that I cannot film or video tape any contest in which my son/daughter is not participating without permission of both teams involved.

The undersigned agrees to be responsible for the safe return of all equipment owned by the school and issued to the above named student.

If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless TAPPS, TAPPS staff, TAPPS Executive Board, the school, and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Date:	_____
Parent or Guardian Signature:	_____
Street Address:	_____
City / State / Zip:	_____
Home Telephone:	_____
Cell Phone:	_____
Business Telephone:	_____

**The student's signature is required on the reverse side of this form.
DO NOT SEND THIS FORM TO THE TAPPS OFFICE OR DISTRICT PRESIDENT UNLESS REQUESTED.
FOR FILE IN SCHOOL OFFICE ONLY.**



**Northeast Christian Academy
Athletics
Parent or Guardian's Permit and Medical Consent Form**

I hereby give my consent for the student athlete, _____, Grade _____, to participate in Northeast Christian Academy approved sports and go with the coach or other representative of the school on any trips. The above named student is my child, and is now under my control and custody. I authorize Northeast Christian Academy and its representatives to consent to obtain emergency medical treatment for my child in case of any illness or injury in connection with a school activity or school trip. Such treatment to be administered by such physicians, other medical personnel, hospitals, and/or clinics as may be selected by Northeast Christian Academy or its representative. I hereby assume responsibility for such professional services.

I hereby grant permission for Northeast Christian Academy to administer Tylenol, Advil, generic form, or similar nonprescription medications as needed.

Parent note (if needed): _____

It is understood that NCA assumes no responsibility in case an accident occurs. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the student athlete.

The student athlete has our permission to be transported by his/her parent or guardian, approved chaperone, or NCA bus, to or from away games as needed. The student athlete must check in/out with coach before leaving for any games, etc. The parents/guardians release NCA from responsibility if any accident occurs.

Personal Physician: _____ Phone Number: _____

Hospital Preference: _____

Special Medical Conditions: _____

Drug Allergies: _____ Date of last Tetanus Shot: _____

Mother Name: _____ Phone: _____

Father Name: _____ Phone: _____

Emergency Contact (If parent can not be reached): _____

Relationship: _____ Phone: _____

Please complete the following information or attach a copy of your medical insurance card:

Medical Insurance Carrier: _____ Group # _____

Name of Insured: _____ ID# _____

Provider Phone Number: _____ Eligibility Phone Number: _____

Parent/Guardian Signature: _____ Date: _____